

NAMI Illinois' Comments for 1115 Waiver

NAMI Illinois (National Alliance on Mental Illness), appreciates this opportunity to provide comments on the 1115 Pathways to Transformation draft waiver. On behalf of individuals and families living with mental illnesses we want to address and encourage full consideration for maximizing planning, funding and support for evidence-based, promising practice and recovery-oriented treatments and supports. For far too long, Illinois has held a significant over-reliance on budget cutting measures that severely limited access to community-based services. Instead we have relied on institutions and institutional care, including facilities classified as Institutes for Mental Disease commonly referred to as IMDs. This is a monumental opportunity to transition Illinois' mental health system to a home and community-based services and support system that will enable people to maximize their own recovery within a community-based setting.

NAMI Illinois is supportive of the waiver process and the opportunities that it affords to transform into a systems that works on behalf of the clients they are intended to serve. Of course, the "devil is in the detail" for any planned change. We urge consideration of all input offered by stakeholders to reduce the potential for many unintended consequences. This waiver is a massive undertaking; and we urge you to consider implications for: individuals and families who rely on – and desperately need – an improved mental health system that is responsive to their need... in all areas of Illinois.

Supportive Housing: Lack of safe and affordable housing is one of the most significant barriers to living in the community for people with serious mental illness. A safe place to live is essential to recovery. Without this basic need, too many cycle in and out of homelessness, jails, shelters and emergency departments—or remain institutionalized. Supportive housing and "housing first" models are cost-effective and result in housing stability and a marked reduction in shelter use, hospitalizations and involvement with the criminal justice system.

- ☐ Illinois must significantly expand and consistently fund affordable permanent supportive housing for people living with serious mental illness to meet demand created by closure of state facilities and settlement of Illinois Court Cases, i.e. the Williams Consent Decree, the Colbert and Ligas Consent Decrees, and others. A broad array of services must support individualized transitional needs to maximize each person's chance of success.
- ☐ 35-50% of homeless individuals are estimated to have a mental illness; Illinois must fund homeless assistance programs that can help adults stabilize in community settings.
- ☐ 15% of persons leaving jails and prisons are estimated to have a severe mental illness. They need medical funding, income, and housing upon release in order to avoid repeated hospitalization and/or corrections involvement.

Supported Employment: only one in three adults with serious mental illness is employed, even though the majority is on record as wanting to work. This loss of productivity and loss of human potential is costly and unnecessary. Supported employment models, namely the Individual Placement and Support program – commonly known as the Dartmouth model - show that with effective supports, 60 percent of adults with serious mental illness can work and achieve independence, yet far too few have access to

successful employment programs. A home – AND a job – will be monumental recovery opportunities for individuals living with mental illnesses.

□ Illinois' Individual Placement and Support program must be fully funded. This evidence based program is recovery oriented – as noted in 2003 by the President's New Freedom Commission Report: "Work is the most direct step to recovery, and Individual Placement and Support (IPS) is the only evidenced-based practice for helping people get work."

Peer Recovery Support Systems: The concept is addressed – though without detail – in the 1115 Draft Waiver. There is evidence that recovery-oriented peer services should be a strong part of developing the full array of services needed for optimizing treatment and services. NAMI Illinois recommends that within each agency that provides integrated health care services that include mental health treatment, peer support specialists be integral members of the staff.

Expansion of Assertive Community Treatment Teams (ACT) and Community Support Teams (CST) services is applauded; it will, however, be imperative to incorporate a rate structure for ACT and CST that fully supports the costs of these services. One reason so much emphasis and support must be placed on "rebuilding" or "strengthening" community mental health services, is because these services have borne the brunt of budget cuts over the past six years. It's time to direct funding that creates and sustains a strong system of support that adequately addresses the needs of individuals and families living with mental illnesses.

Family Support: Often forgotten is the fact that families provide an incredible amount of support to individuals living with mental illnesses. They, too, need support and services that range from respite services to education, to home-based supports. A small amount of funding – and development of programs dedicated to meeting family needs and support could save literally millions, while keeping families intact and supportive of their loved ones.

NAMI Illinois heartily endorses the healthcare workforce objectives. We suggest that emphasis be placed on definition of community healthcare worker and how their impact can be maximized in Illinois. NAMI Illinois encourages Illinois to include a range of licensed and/or certified professional classifications (i.e., social workers, psychologists, clinical professional counselors, peer specialists) as part of the proposed workforce development program. We further support loan repayment proposals.

NAMI Illinois remains concerned about the conversion of Institutes for Mental Diseases (IMDs) to Specialized Mental Health Rehabilitation Facilities, and we do not support the Waiver request to waive the IMD exclusion for these facilities. They have a large learning curve; any exclusion could serve as their safety net for continuation of business as usual, i.e. continuing to reward institutionalization of all too many individuals who live with mental illnesses.

NAMI Illinois thanks all concerned for the opportunity to present written comment about the draft waiver proposal. Should you have questions, please contact:

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